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## BIB DATA SHEET

CONFIRMATION NO. 7516

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/549,930	09/20/2005 RULE	514	1625	278220US0PCT	
<b>APPLICANTS</b> Maria Alessandra Alisi, Roma, ITALY; Nicola Cazzolla, Albano Laziale (Roma), ITALY; Guido Furlotti, Roma, ITALY; Angelo Guglielmotti, Roma, ITALY; Lorenzo Polenzani, Grottaferrata (Roma), ITALY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/04390 04/23/2004					
<b>** FOREIGN APPLICATIONS *****</b> ITALY MI2003A 000972 05/15/2003					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/29/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CELIA C CHANG/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initiate	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, L.L.P. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES					
<b>TITLE</b> Indazole having analgesic activity					
<b>FILING FEE RECEIVED</b> 2324	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	